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Alcimedès

Locard's principle tells us that "Every contact leaves a trace". It is therefore ironic that closure of the Forensic Science Service (FSS) in March 2012 seems to have left much more than a trace: it's left a whacking great hole. The service was closed on the basis that it was losing money at a rate of £2 million per month, and the Home Office estimated that the cost of closure of the FSS would be £85 million. However, an independent study by forensic scientist Dr Chris Maguire, and which was submitted to parliament's Science and Technology Committee, has suggested that the cost is between £300 and £350 million.¹

Dr Maguire's report also questioned how smoothly the closure of the FSS had been and whether the government had an effective policy on the provision of forensic services in England and Wales, other than being driven by the (perceived) cheapest option.

Making a sperm donation at a local hospital is a very charitable way of spending an afternoon and, for some men, represents their only exercise. Despite this, it is unlikely to become an Olympic sport, receive sponsorship or attract many viewers. However, a recent High Court ruling has muddied these already-complicated waters by allowing two men who made sperm donations to two same-sex couples in civil partnerships to *apply* for contact rights to the children.² Whether the applications will be approved is awaited and is likely to be of concern to countless families up and down the land.

The Office for National Statistics first compiled UK suicide statistics in 1981, with male suicide rates peaking in 1988, then falling until 2010, when there was an upturn in suicide rates. Female rates decreased steadily between 1981 and 1994, then remained stable until 2004 and then decreased for three years. The lowest rate for women was in 2007 with a (generally speaking) increase in rates since then.³

The latest figures for suicide rates in the UK offer depressing reading. The ONS statistics for 2011 reveal 6045 people killed themselves, representing an increase of 437 suicides compared with figures from 2010. This means that across the entire population, 11.8 people per 100,000 took their lives in 2011 compared with 11.1 the previous year. Men targeted themselves

disproportionately, with 4552 suicides in 2011, i.e. more than three times the rate seen in women, with the male age groups of 30–44 and 45–59 being particularly affected.

A serial-rape case in France has raised an unusual DNA scenario for investigators: the accused is an identical twin, and preliminary DNA results have been unable to distinguish which is the guilty brother.⁴ In addition, the victims were able to confirm the rapist's appearance, but could not tell the brothers apart. As a result, police in Marseille have remanded both twins in custody for the time being. It has been speculated that more specialised DNA analysis will cost 1 million euros. It is also not clear from the media reports why the innocent twin hasn't been able to prove his innocence.

Staying on the other side of The Channel, a report by France's National Consultative Ethics Committee, headed by Professor Didier Sicard, has proposed taking an Armstrong-type giant leap into the world of euthanasia, or to use their terminology, "assisted death".⁵ In rare cases, where patients have made "persistent, lucid and repeated requests" for their lives to be ended, a team of doctors would be permitted to authorise the administration of large doses of sedatives and painkillers. Similarly, permission may be granted when requested by the family of a dying, unconscious patient. Draft legislation may be in place by June 2013.

Interestingly, this comes at the same time that the GMC has issued new guidelines for doctors on how to manage requests for assisted suicide.⁶ The GMC has emphasised that assisted suicide is currently illegal in the UK and doctors who encourage or assist in a patient's suicide are likely to be disciplined as well as potentially face criminal charges.

The UK government has announced a cross-party commission into abortions on the grounds of foetal disability.⁷ It has been argued that aborting a foetus because of disability might represent discrimination under current legislation. The inquiry will be led by the Conservative MP Fiona Bruce who is also the vice-chair of the

all-party pro-life group. It is hoped that the report will be published in May 2013.

Minimum pricing for alcohol is a highly-topical issue in the UK and the debate could be further fuelled by a recent Canadian study that highlights the benefits of such a policy. Writing in the journal *Addiction*, the authors considered data on alcohol pricing and consumption in British Columbia from 1989–2010.⁸ This longitudinal data suggested that a rise in 10% of the minimum price of alcohol resulted in a decrease of 16.1% of alcohol consumption when compared with other drinks.

Following on from recent criticism in the media of the Liverpool Care Pathway for terminally ill patients, researchers at Dundee University and NHS Tayside have announced their alternative approach to palliative care.⁹ The Dignity Care Pathway has been constructed after consultation between 25 terminally ill patients and five carers. The Dundee pathway begins with a questionnaire, then asks the patient some reflective questions that allow an agreed palliative plan of action. Fans of the Liverpool system might argue that there was nothing fundamentally wrong with the LCP

itself, and that the recent criticism in the media was directed at how it had sometimes been implemented.

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